

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/694 408
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/				
3	/		/			
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46						
47						
48						
49						
50						
TOTAL IND.	3	1	3	1		
TOTAL DEP.	42	←	40	←		
TOTAL CLAIMS	45	←	43	←		

1	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						